FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

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Washington, D.C. 20549	OMB APPROVAL			
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235-0287		

Check this box if no longer subject to
Section 16. Form 4 or Form 5
obligations may continue. See
Instruction 1(h)

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

OMB APPROVAL								
OMB Number: 3235-0287								
Estimated average burden								
hours per response	e: 0.5							

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

Name and Address of Reporting Person*     Toy Andrew					2. Issuer Name <b>and</b> Ticker or Trading Symbol CLOVER HEALTH INVESTMENTS, CORP. /DE [ CLOV ]							(CI	heck all app		, )% Ov	/ner			
(Last) (First) (Middle) C/O CLOVER HEALTH INVESTMENTS, CORP. 3401 MALLORY LANE, SUITE 210					3. Date of Earliest Transaction (Month/Day/Year) 10/01/2024								Officer (give title Other (specify below)  Chief Executive Officer						
(Street) FRANKLIN TN 37067 (City) (State) (Zip)						<ul> <li>4. If Amendment, Date of Original Filed (Month/Day/Year)</li> <li>6. Individual or Joint/Group Filing (Check Applicate)</li> <li>Form filed by One Reporting Person</li> <li>Form filed by More than One Report Person</li> </ul>								on .					
		Table	I - Noi	n-Deriva	tive S	Secui	rities	Acq	uired	, Dis	posed of	, or	Bene	eficia	ally Own	ed			
1. Title of Security (Instr. 3)  2. Transacti Date (Month/Day					Execution Date,		ate,	3. Transaction Code (Instr. 8) 4. Securities Disposed Of 5)			s Acquired (A) Of (D) (Instr. 3,		A) or 3, 4 an	d Secur Benef	cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
										v	Amount	(A (D	() or	Price	Tronggetion(s)				(111501. 4)
Class A C	Common St	ock		10/01/2	2024				F		308,341(1	1) <b>D</b> §		\$2.7	78 9,802,321		D		
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
1. Title of Derivative Security (Instr. 3)	perivative Conversion Date Execution Date, ecurity or Exercise (Month/Day/Year) if any			ion Date,		Transaction of Code (Instr. Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		.	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction( (Instr. 4)	Owne Form Direct or Ind (I) (Ins	(D) irect	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	or Nun of						

1. Represents shares of Class A Common Stock that were automatically withheld to cover tax obligations on October 1, 2024, due to the vesting of 6.25% of the original number of restricted stock units (RSUs) granted to the Reporting Person on January 1, 2023, and timely reported on a Form 4 filed on January 4, 2023. The remaining RSUs vest quarterly in equal installments of 6.25%, with the final vesting date occurring on January 1, 2027, subject to the continued service of the Reporting Person on each such vesting date.

## Remarks:

/s/Peter J. Rivas as attorneyin-fact for Andrew Toy

\*\* Signature of Reporting Person Date

10/02/2024

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- \* If the form is filed by more than one reporting person, see Instruction 4 (b)(v).
- \*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.